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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN BUCKLAN	ND
LICENSED FOR 2	013
	YEAR
ZIP CODE: 01338	
destaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	
ST FLOOR	
ne same premises now licensed;	
nmonwealth relating to taxes; and	
plain below)	
porate Officer	
the certificate required by Chapt ad of the fire department for the surance required by Chapter 116	above
LOCAL LICENSING AUTH	ORITY
By:	
	estaurant CATEGORY: EMAIL ADDRESS ST FLOOR The same premises now licensed; and plain below) Doorate Officer EMPLOYER IDENTIFICATION (Note: NOT Individual Social State of the fire department for the surance required by Chapter 116 LOCAL LICENSING AUTHORS



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	ABER: 015800004		CITY OR TOWN BUCKLAND
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	ME: SHELBURN	E FALLS AERIE#2758 F	FRAT.ORD.OF EAGLES
DOING BUSIN	JESS A		
ADDRESS 52	STATE ST.		
CITY/TOWN:	BUCKLAND	STATE: MA	ZIP CODE: 01338
	PHILLIPS, ARTHUR H.	TYPE OF LICENSE: C	Club CATEGORY: All Alcohol
EMAIL ADDR	ESS:		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS
DESCRIPTION	OF LICENSED PR	REMISES:	
2 ROOMS, 1ST	T. FLOOR W/BAR;	BAR/LOUNGE IN BASI	EMENT. LOUNGE IN BASEMENT
I hereby certify	and swear under per	nalties of perjury that:	
1. the r	enewed license will	be of the same type for th	he same premises now licensed;
2. the 1	icensee has complied	d with all laws of the Con	mmonwealth relating to taxes; and
3. the p	premises are now ope	en for business (If not exp	plain below)
DATE:	ŕ	artner or Authorized Corp PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, s	igned by the buildi	ng inspector and the hea	the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVE			
(If disapproved	explain)		
DATE:			
APPLICATION FOR	RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 015800009		CITY OR TOWN	BUCKLAN	ID .
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	AMSONI, INC. A SHELBURNE FAI	LLS NEIGHBORS			
ADDRESS 195 STA	ATE STREET				
CITY/TOWN: BU	CKLAND	STATE: MA	ZIP CODE:	01335	
MANAGER: SHA	RMA, REENA TYPE	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE		MAIL ADDRESS		
 the renew the licens 	swear under penalties of yed license will be of the see has complied with a sees are now open for b	e same type for the	nonwealth relating to		
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 015800010		CITY OR TOWN	BUCKLANI)
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	'EAR
LICENSEE NAME:	SHELBURNE	E FALLS WINE MERCI	HANTS LLC		
DOING BUSINESS	A				
ADDRESS 1 State S	St				
CITY/TOWN: BU	CKLAND	STATE: MA	ZIP CODE:	01370	
	LA BLOTIER, IL THIERRY	TYPE OF LICENSE: P	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
FIRST FLOOR RET	TAIL SPACE IS	560 SQ.FT LOCATED	AT1 STATE STREET	Γ, BUCKLAN	D MA.
3. the premi		n for business (If not exp			
DATE: TELEPHONE NUMB		HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number 1)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	RITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)15800012		CITY OR TOW	N BUCKLAN	ND	
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: (Café Martin LLC					
DOING BUSINESS A	West End Pub					
ADDRESS 16 State St						
CITY/TOWN: BUCK	LAND	STATE: MA	ZIP CODE:	01370		
MANAGER: St. Mar	tin, Paul J TYI	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_	
DESCRIPTION OF LI	CENSED PREMIS	SES:				
30-40 seat restaurant or	n first floor, basem	ent for storage				
I hereby certify and swe	ear under penalties	of perjury that:				
1. the renewed	license will be of	the same type for the	same premises no	w licensed;		
2. the licensee	has complied with	all laws of the Comm	nonwealth relating	to taxes; and		
3. the premises	s are now open for	business (If not expla	ain below)			
SIGNED BY						
	Individual, Partner	or Authorized Corpo	orate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:	
			(Note: NOT)	Individual Social S	cial Security Number)	
We the undersigned, Acts of 2004, signed b						
named license and (2)	•	-	_			
of 2010.		1		, .		
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:			•			
(If disapproved explain)					
DATE.						
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)	